

SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE THE COMPREHENSIVE RECOVERY PLAN

2013

This is the sixth year Southern Virginia Mental Health Institute (SVMHI) has developed a Comprehensive Recovery Plan to promote recovery oriented care for those served at SVMHI. This plan was developed with the assistance of the facility Recovery Workgroup and its sub workgroups. The sub workgroups are as following: Treatment Planning and Assessment, Co-occurring, Valued Roles and Employment Services, Psychosocial Programming and Recovery Environment, Recovery Training and Special Events. A full listing of the members is listed in Appendix 1.

This plan will include updated goals and strategies from the previous year's plans and new recovery initiatives (listed in gray). The goals that remain in process from previous years have been renumbered with notes to indicate which year the goal originated.

The Plan is posted on the Facility Website. A summary of the plan goals are listed in the staff and patient newsletter. The plan is reviewed during annual Recovery training provided to all staff members at SVMHI.

Over the last four years, an Annual Patient Recovery Survey has been conducted and consists of three sections which include Resident Choice, Opinions of Care and the Recovery Oriented Services Indicator (ROSI). Benchmarks were selected by averaging the totals for each survey item. Future Survey data will be compared to these benchmarks in the areas of:

1. Choice and self determination
2. Safety to insure engagement and hope
3. Peer involvement: indicating empowerment and advocacy
4. Shared treatment involvement between the individual served and the treatment team

For review of past goals achieved at SVMHI, the reader may review previous plans which are listed on the facility website: <http://www.svmhi.dmhmrzas.virginia.gov/> as listed under ***Recovery Plan***.

Please forward any questions or comments to Caroline Thompson, LPC, LSATP Recovery Program Coordinator, SVMHI at 434-799-6220 or email at caroline.thompson@dbhds.virginia.gov .

SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE
THE COMPREHENSIVE RECOVERY PLAN
Summary of Goals 2013

I. Role of Senior Leadership

- The Medical Staff of Southern Virginia Mental Health Institute and the Administrative Team will provide oversight for the Comprehensive Recovery Plan and review the plan quarterly.

II. Workforce Development

- The facility will seek to employ persons and use peer volunteers to provide peer supported recovery experiences to residents. Training will be offered to staff about the benefits of this practice.
- The facility will develop competency guidelines for new hire and mandated update training regarding the Treatment Planning and Assessment Program System (TAPS). The facility will promote and monitor the use of person centered language in the treatment planning process.
- Training will be provided to staff and residents regarding Trauma Informed Care.
- The facility will provide staff with further training in the assessment of co-occurring disorders.

III. Treatment Planning

- The facility will seek to increase active participation for patients and residents in their treatment plan development.
- Each treatment team will develop a plan to improve team functioning.
- The facility will develop competency guidelines for new hire and mandated update training regarding TAPS and promote person centered language in the treatment planning.

IV. Design of Clinical Record

- The facility will have an increase in the trauma informed care and person centered documentation in the patient record.

V. Resident Activities and Opportunities

- The facility will promote consumer self-advocacy and provide opportunities for self advocacy to be exercised through coaching training. The facility will develop more valued roles within the facility for residents.
- The facility will promote the inclusion of family and/or other identified supports into the treatment process.

- The Facility will promote recovery oriented activities for residents, patients and staff and will promote September as Recovery Month.
- The facility will develop and promote an updated recovery oriented psychosocial rehabilitation program emphasizing the value of individual choice, wellness and empowerment. Group attendance and the importance of Wellness Recovery Action Planning will be emphasized to those served at SVMHI.
- There will be a Therapeutic Green House Program at SVMHI to benefit individuals served, the facility, and the surrounding community.
- The facility will review the need for a WRAP/peer support employment position for a resident.

VI. Relationship to the Community

- The facility will serve as a regional center for recovery training. The facility will act as a broker for recovery-related training opportunities for regional partners.
- The facility will demonstrate to persons served the importance of peer programs and peer support in the community.
- The facility will participate in the Virginia BRSS TAC initiatives and promote the state wide Recovery Forum offering recognition to peer run organizations.

VII. Other Area as Determined Relevant to Enhancing the Recovery Experience of Those Who Are Served by the Facility

- The facility will monitor the recovery paradigm shift using the annual patient survey.

2013 Plan Goals and Strategies

I. Role of Senior Leadership

This domain denotes the involvement of key leadership within the facility who are charged with providing the needed management and guidance for leading SVMHI staff toward the development and operation for a recovery oriented environment of care.

Goal	Strategy	Measure	Person(s) Responsible	Progress and /or completion date
1. The Medical Staff of Southern Virginia Mental Health Institute and the Administrative Team will provide oversight in the development and outcomes of the 2013 Comprehensive Recovery Plan.	1. The Medical Staff of Southern Virginia Mental Health Institute and the Administrative Team will review the plan quarterly.	1.Minutes will reflect the review of outcomes	The Medical Director and the Facility Director	

II. Workforce Development

This domain describes the means by which management infuses and promotes the recovery model in all aspects of the workforce to insure competency through the employee incentives and training opportunities.

Goal	Strategy	Measure	Person(s) Responsible	Progress and/or completion date
1.*: The facility will employ persons and use volunteers to provide peer-supported recovery experiences within the facility. *This item was goal number 1 in the 2012 Comprehensive Plan Workforce Development section and has been updated.	1 A: Training will be offered to staff and residents related to the benefits of hiring peers in the workplace by 8/13.	1A: The Staff Education and Training Coordinator will obtain a roster of those attending.	1A: The Recovery Program Coordinator and Valued Roles and Employment Services Sub Workgroup and Facility WRAP Facilitator will present a presentation of the benefits of hiring peers in the workplace to the SVMHI Staff.	
2.*:The facility will offer training and provide competency guidelines to all clinical staff members regarding the Treatment Assessment Planning System (TAPS) and will promote TAPS reliance on person centered planning. This training will be recognized until the inception of the Electronic Medical Record through the Department of Behavioral Health and Developmental Services. *This item was goal number 2 in the 2012 Comprehensive Plan of the	2 A: A comprehensive TAPS orientation process will be developed and proceed during the orientation and updated staff training program by 6/13. This training will outline ongoing treatment planning and competency guidelines for staff members who develop treatment plans. This effort will focus on person centered planning. 2 B: A Recovery quality assurance Team will be developed made up of key clinical staff for the reviewing Recovery oriented	2A: All existing staff and newly hired staff will have access to the staff training to review as measured through records maintained in LMS by 12/13. Through successful completion and ongoing supervision, staff members will be recognized as competent to complete person centered plans for patients and residents. 2B: The workgroup will meet, maintain minutes and collect data using the TAPS system on the use of person centered	2A: Each Clinical discipline will monitor staff's competency in developing treatment plans utilizing their EWP and Competency rating sheets 2 B: The workgroup members will report the data to the Recovery Workgroup.	

Workforce Development Section and the goal and strategies have been updated.	topics. The first task the group will focus on will be the use of personal centered language in the treatment plan. This group will develop guidelines and collect data which will be reported to the Recovery Workgroup by 9/13.	language.		
3. The facility will seek to enhance the safety of all individual served at SVMHI through the provision of trauma informed care.	3A: Trauma Informed Care Training will be provided to staff and residents by 6/13. 3B: A Performance Improvement Initiative will be created to monitor the provision of trauma informed care by all staff. 3C: The patient's perception of safety while in the facility will be monitored on the Annual patient Survey by 3/2014.	3 A: 80 % of clinical staff will be trained by 7/13. 3B: The PI project will provide data will include a baseline between 8/13-12/13 and effective positive changes by 3/14. 3C.: The Annual Patient Recovery survey items number 7 in the <i>Patients Opinions of Care</i> section and items 1, 5, 7, 8 in the <i>Patient ROSI</i> section will be evaluated for a positive response set increase in 2/14.	3A: The Recovery Coordinator and the Staff Development and Training Coordinator will identify training resources and scheduled training by deadline. 3B: The Risk Manager will identify measures and key clinicians to record baseline data and training effectiveness 3C: The Recovery Coordinator will plan and monitor the administration of the Annual Recovery Survey.	
4. The facility will facilitate the understanding of co-occurring disorders, assessment and treatment interventions for staff members.	4A: Employee's will be educated through training in-house and at conferences which specialize in co-occurring Issues by 12/13. 4B: Employees will have the opportunity to obtain Screening, Brief Intervention, and Referral to Treatment (SBIRT) by 10/13. 4C: A performance improvement initiative will be developed to track individuals with addiction issues and insure they are receiving groups which focus on recovery from addiction by 1/14.	4A and B At least 25% of the clinical staff will have exposure to co-occurring treatment materials, training and assessments as evidenced by training records kept in Staff Development and Training. 4C: Baseline Data from 20% of records will be collected by review of TAPS assessments and selected group interventions between 6/13 and 8/13. Benchmarks will be selected to show an increase in accuracy by clinicians in making referrals to groups which focus on co-occurring issues by 3/14.	4 A: Clinicians will be advised of training opportunities via email, newsletter members by the Co-occurring sub workgroup members. 4C: The Recovery Performance Improvement team will collect data and report findings to the co-occurring sub workgroup.	

III. Treatment Planning

This domain describes the use of the treatment planning process in the development of promoting and empowering recovery for those served using collaboration with the patients, their chosen supports and their community providers.

Goal	Strategy	Measure	Person(s) Responsible	Progress and/or completion date
<p>1. *The Facility will facilitate and support a culture where patients/ residents are active participants in the treatment team.</p> <p>*This item was goal number 1 in the 2012 Comprehensive Plan of the Treatment Planning Section and the goal and strategies have been updated.</p>	<p>3A: The multidisciplinary team will identify ways to promote more involvement with patients/residents during treatment team meetings by 12/13.</p> <p>3B: The multidisciplinary team will identify ways to inform the patients/residents about treatment team meetings by 12/13 and incorporate this into a plan.</p> <p>3C: The patient's perception of treatment team involvement will be monitored on the Annual Patient Recovery Survey by 3/14.</p>	<p>3A: Each multidisciplinary team will have a written plan.</p> <p>3B: The plan will be submitted to the Medical Director. The multidisciplinary team will develop the means to self monitor the outcomes related to the plan.</p> <p>3C: Following the Annual Recovery survey in 2/14, the measures of item 5 and 7 in the <i>Resident Choice</i> Section will indicate a positive increase. Items 1 A and B and 2 in <i>Patient Opinions of Care</i> will indicate a positive increase in patient involvement in treatment planning. Items 1, 2, 6 and 11 in the <i>Patient ROSI</i> will reflect a positive increase in patient involvement.</p>	<p>3A: The Medical Director or designee will provide guidelines to each multidisciplinary treatment team about the plans.</p> <p>3B: The Recovery Workgroup will monitor the progress quarterly of the treatment team's efforts.</p> <p>3C: The Recovery Department will conduct a Patient Recovery Survey and communicate result to the Recovery Workgroup and during Medical Executive Team.</p>	
<p>2. *The Facility will develop treatment team efficiency to promote the recovery of the person served.</p> <p>*This item was goal number 4 in the 2012 Comprehensive Plan of the Treatment Planning Section and the goal and strategies have been updated.</p>	<p>2A: The treatment team meetings will study ways to manage their time efficiently. Each team will develop an efficiency plan to review with the Medical Director.</p>	<p>4A: The multidisciplinary team leader will devise a plan for improving team function and create outcome measures by 12/13. The Medical Director will make this plan available to the Recovery Workgroup by 12/13.</p>	<p>4A: The multidisciplinary team leader will led the team to study their time usage and find productive means to produce meanful team meetings</p>	

<p>3. The facility will provide competency guidelines to all clinical staff members on person centered planning and increase the use of person centered language in assessments and treatment plans.</p>	<p>3 A: The Recovery Performance Improvement team will focus on using personal centered language in the treatment plan. This group will develop guidelines and collect data during the second quarter of the 2013 which will be reported to the Recovery Workgroup by 6/13.</p> <p>3A: The team will recommend person centered language examples and treatment planning examples to the treatment teams by 8/13.</p>	<p>3A. Person centered baseline data will be collected from individual assessments and treatment plans of 10 % of the records by 6/13.</p> <p>3B: The team will review 10 % assessment and treatment team records 6/13- 10/13 noting person centered language and show a 15% increase by 1/14. Examples and suggestions of person centered language will be provided to the treatment teams.</p>	<p>3A: The Recovery Performance Improvement team will collect baseline data, review records and generate results.</p> <p>3B: The will provide suggestions to treatment teams.</p>	
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IV. Design of Clinical Record

This domain describes how the design of the clinical record becomes the official documentation of the individual's recovery experience at SVMHI.

Goal	Strategy	Measure	Person(s) Responsible	Progress and/or completion date
1.*: The facility will have an increase in the trauma informed care and person centered documentation in the patient record. *This item was goal number 1 in the 2012 Comprehensive Plan. The goal and strategies have been updated to reflect recovery orientation.	1A: Clinical notes, treatment plans and intervention notes will be reviewed by a Recovery Performance Improvement team between 6/13 and 8/13 to obtain baseline data in identifying person centered documentation and evidence of trauma informed care provision documentation. 1B: The Workgroup will develop a worksheet to collect data by 5/13.	1A: Base line data collection will be collected by 6/13 on 10% of charts to identifying use of person centered language and the use of trauma informed care documentation. 1B: Performance Improvement data will be obtained between 10/13 and 1/14 it will show a increase trauma informed care documentation	1 A: A workgroup made up of a clinician, peer, and medical records staff member will collect data and will become of the Recovery Performance Improvement team of Recovery projects 1B: The workgroup use the tool to collect data.	<i>Not yet complete and will be updated for the 2013 Recovery Plan.</i>

V. Resident Activities and Opportunities

This domain provides a description of the recovery activities and opportunities and the provision of choice enhances the valued roles selected by those served at SVMHI. It promotes the use treatment approaches that promote recovery and empowers change.

Goal	Strategy	Measure	Person(s) Responsible	Progress and/or completion date
<p>1. *: The facility will promote consumer self-advocacy and provide opportunities for self advocacy to be exercised.</p> <p>*This item was goal number 2 in the 2011 Comprehensive Plan and the strategies have been updated.</p>	<p>1A: The Recovery Training sub workgroup will develop goals for the training and organize Coaching training for Residents by extended until 6/13.</p> <p>1B: The Valued roles sub workgroup will identify at least two trainings that promote a recovery environment and self advocacy for patient's, residents, family and support persons and staff by 6/13.</p> <p>1C: There will be three Peer to Peer Recovery focus group offerings in the Patient Recovery Schedule by 4/13.</p>	<p>1A: The Sub workgroup will schedule 2 Recovery coach Trainings for residents and volunteers by December 2011 for 20% of person served.</p> <p>1B: The Valued roles sub workgroup will develop a plan and offer two trainings on self advocacy. Rosters will be kept by staff development.</p> <p>1C: The Group will be held weekly and attendance will be tabulated in TAPS by the facilitator. Facilitator will meet with clinicians to provide a group description.</p> <p>1D: Following the Annual Recovery survey in 2/14, there will be an increase of positive response on items number 5 and 7 in the <i>Patient Opinions of Care</i> section and the item 11 on the <i>Patient ROSI</i>.</p>	<p>1A: The Recovery Training sub workgroup will develop the training and goals for the training by 6/12.</p> <p>1B: The Valued Role sub workgroup chairperson will monitor this goal.</p> <p>1C. Peer facilitators will record attendance and will serve at least 15 patients by 3/14.</p> <p>1D: The Recovery Coordinator will plan and monitor the administration of the Annual Recovery Survey.</p>	
<p>2.*: The facility will promote the use of valued roles and will provide opportunities for individuals served to experience those roles.</p> <p>*This item was goal number 3 in the 2011-2012 Comprehensive Plan. The goals and strategies have been updated.</p>	<p>2A: Potential job roles within the facility will be identified by a workgroup of those served and staff members.</p>	<p>2A: Evidence of a planning document which identifies valued roles within the facility available to consumers.</p>	<p>2A: The Peer Support sub-group and the Valued Roles sub-group of the Recovery Workgroup will develop a plan to place consumers in valued roles in the facility.</p>	

<p>3.*: The facility will promote the inclusion of family and/or other identified supports into the treatment process.</p> <p>*This item was goal number 4 in the 2011, 2012 Comprehensive Plan and the strategies have been updated.</p>	<p>3 A: A small workgroup will study the importance of inclusion of supports and or family as important contacts in a person served treatment environment. The workgroup will be made up of peers and facility staff and will obtain feedback from community and family members regarding this issue.</p> <p>3B: The research will be shared with the Recovery Workgroup 7/13and a feasibility study proposal will be developed by 2/14.</p>	<p>3A: There will be meetings of this workgroup between 6/13 and 2/14 of the workgroup as evidenced by minutes and attendance records.</p> <p>3B: The workgroup will present their research to the Recovery workgroup and submit a feasibility study by 8/12.</p>	<p>3A: The workgroup will be made up of Social work Staff and Recovery Therapists and peer members and chaired by the Social Work Director.</p> <p>3B: The Workgroup spokesperson will review a proposal with the Recovery Workgroup.</p>	
<p>4. *The Facility will promote recovery oriented activities for residents, patients and staff on a regular basis and will promote September as Recovery Month.</p> <p>*This item was goal number 5 in the 2012 Comprehensive Plan and the strategies have been updated.</p>	<p>4 A: An established workgroup of staff and those individuals served will lead this effort by 2/14 and make monthly reports to the Recovery committee on activities planned.</p>	<p>4A: The workgroup will have regular meetings beginning in 4/13. The group will keep minutes and formulize a plan including goals and objectives annually for promoting recovery due by 7/13.</p>	<p>4A: The group which meets monthly will keep minutes and formulize a plan including goals and objectives annually for promoting recovery.</p>	
<p>5.*The facility will develop and promote an updated recovery oriented psychosocial rehabilitation Recovery program emphasizing the value of individual choice and the importance of attending to promote recovery.</p> <p>*This item was goal number 2 in the 2012 Comprehensive Plan and the strategies have been updated.</p>	<p>5 A.: The PSR programming and Living Environment sub workgroup of the Recovery Workgroup will develop an updated plan by 6/13.</p> <p>5B. The value of attending PSR activities and groups will be reviewed during treatment team meetings and during community meetings on an ongoing basis.</p> <p>5C: All clinical staff will be expected to promote choice and communicate the expectation of group attendance to individuals they serve as they plan treatment interventions.</p>	<p>5A: Each individual will have a schedule of their treatment program and a copy will be placed in their treatment record.</p> <p>5B: The value of attending PSR programming will be documented by team members on the signature sheets during regularly scheduled treatment team meetings and on the patient self evaluation forms.</p> <p>5C: Evidence of the “promotion of choice” will be evidenced in an increase of “I decide” and Shared “Decision” responses in the Resident Choice items numbers 5 and 6 of the Annual Patient Recovery Survey.</p>	<p>5A: The sub work group will develop a program schedule, assist patients in making choices and assist clinicians in enrolling residents in the program using TAPS to document enrollment.</p> <p>5B: The treatment team will document patient response regarding PSR programming attendance and assess their understanding of the purposes of attending treatment interventions.</p> <p>5C: The Recovery Coordinator will plan and monitor the administration of the Annual Recovery Survey.</p>	

<p>6: There will be a Therapeutic Green House Program at SVMHI to benefit individuals served, the facility, and the surrounding community</p>	<p>6A: There will be a coordinated effort through the development of a work team utilizing facility staff, peers and community stakeholders in the development of a Therapeutic Greenhouse Program by 5/13.</p> <p>6B: A Comprehensive plan will be developed by 5/13 and will include a FY 13-14 budget, required staffing, phases of implementation, and how the program will become included in the Recovery Program Schedule and the SVMHI Employment program.</p>	<p>6A: A work team list will be developed by the Recovery Workgroup and forwarded to the Administrative Team for review and approval.</p> <p>6B: A written plan will be completed, sent to the Administrative Team, Management team and communicated via the Staff Patient Newsletter.</p>	<p>6A: The Recovery committee will identify team members.</p> <p>6B: The plan will be provided by the Green House Program team.</p>	
<p>7. The facility will review the need for a WRAP/peer support employment position for a NGRI resident to services to civil patients.</p>	<p>7A: An employment description outlining duties and responsibilities will be developed for a WRAP/Peer Support Position by 1/14.</p> <p>7B: A joint effort between the Forensic and Civil programs will exist to offer an opportunity for this position by 1/14.</p>	<p>7A: A written description will be provided to NGRI residents and added to the jobs already offered in the Employment Program.</p> <p>7B: There will be documented meetings between the Forensic and Civil staff members responsible for this task.</p>	<p>7A: A member of the forensic team will develop the description.</p> <p>7B: The Forensic Program Coordinator and Recovery Coordinator will develop a joint team to study, review and expedite this effort.</p>	

VI. Relationship to the Community

This domain describes the collaborative and developing partnerships with the regional providers and partnering in creating positive treatment outcomes, insuring safety and advocating of those who have mental illness and or substance use disorders and co-occurring disorders.

Goal	Strategy	Measure	Person(s) Responsible	Progress and/or completion date
1.*:The facility will serve as a regional center for recovery training. The facility will act as a broker for recovery-related training opportunities for staff and individuals served who may become peer-support staff. *This item was goal number 3 in the 2012 Comprehensive Plan and the goals and strategies have been updated	1A: The facility will provide recovery training, to community agencies as requested. The recovery training will be tailored to the community recovery environment and community-based services delivery. This will be ongoing.	1A: Record of recovery training conducted at community sites.	1A: The facility Staff Education and Training Coordinator will schedule and coordinate training in community agencies.	
2: *The facility will demonstrate to persons served the importance of peer programs and peer support in the community. *This item was goal number 4 in the 2012 Comprehensive Plan and the goal and strategies have been updated.	2A The Recovery Workgroup will request information from peer programs in the region and monitor the creation of a flyer and contact lists to include for persons served and to staff. 2B: There will be a Peer conference in the region and the facility will assist with the planning of this event through the valued role sub workgroup.	2A: A copy of the flyer will be generated by 6/12. Contact lists will be provided to persons served during orientation and offered during discharge. The flyer will be used in the WRAP groups. 2B: A Peer Conference will be advertised and held by 5/12. A roster of participants will be generated for this event by 5/12.	2A: Peer providers in the facility will create a list and make it available to patients, and place it in the orientation packet. 2B: The Valued Role sub work group and staff development will lead this effort on behalf of the facility and make regular reports to the Recovery workgroup.	

<p>3. There will be a Therapeutic Green House Program at SVMHI to benefit individuals served, the facility, and the surrounding community.</p>	<p>3A: There will be a coordinated effort through the development of a work team utilizing community stakeholders: i.e. regional partners, club houses, master gardening groups, garden clubs, and extension agents in the development of a Therapeutic Greenhouse Program by 5/13.</p> <p>3B: The Program plan will include stakeholder input and determine ways to establish relationships with community stake holders for the greater benefit to the community by 8/13.</p>	<p>3A: A work team list and proposal will be developed by the Recovery Workgroup and forwarded to the Administrative Team for review and approval and reflected in the minutes. The list will be presented to the Patient Advocacy Council and announced at a monthly Director's forum and reflected in the minutes. he Southside Behavioral Health Consortium</p> <p>3B: A request for agreements and/or contracts with stakeholders be generated and maintained through procurement contracts at SVMHI.</p>	<p>3A: The Recovery Coordinator will provide a list of the team and a proposal to the Administrative Team for approval.</p> <p>3B: The Procurement Director will oversee the process of establishing any contracts and or agreements with community stakeholders.</p>	
<p>4. The Facility will participate in the Virginia BRSS TAC initiative to promote the state wide Recovery Forum offering awards to peer run organizations.</p>	<p>4. Staff members will attend the planning meetings of the BRSS TAC planning team by 6/13.</p>	<p>4. A list of those Staff members invited to the forum will be generated.</p>	<p>4. Those identified by the Director will participate in the state team meetings to participate in the planning efforts of the June Conference.</p>	

VII. Other Area as Determined Relevant to Enhancing the Recovery Experience of Those Who Are Served by the Facility

This domain includes additional areas that support, promote and enhance recovery including administrative duties, survey administration and data collection to promote and guide future directions for SVMHI.

Goal	Strategy	Measure	Person(s) Responsible	Progress and/or completion date
1: *The facility will monitor the recovery paradigm shift. *This item was goal number 4 in the 2011 Comprehensive Plan and the strategies have been updated.	1: A The Recovery Workgroup will administer a Recovery survey to the individuals served each year and incorporate results in the Comprehensive Recovery plan. The workgroup will collect data from employees and compare the data. Both surveys will be completed in 2/14. 1B: There will be established benchmarks on each item to assist in determining progress made in establishing recovery oriented values at.	1: A 100% of persons served will be provided the opportunity to be surveyed. Data will be compared to the previous years of the survey. Results are listed in the facility newsletter and in the patient newsletter by 3/14. 1B: The Benchmark data (determined following a review of survey data for the previous four years) will be maintained with survey data. The 2014 data will be measured using these benchmarks.	1A: A small group of surveyors made up of staff and peers as requested by the Recovery Coordinator will collect the data from patients and residents served and from the staff by 2/14 1B: The Recovery Coordinator will maintain the data.	

Appendix 1

Recovery Workgroup

Caroline Thompson
Cheryl Chittum
Kathy Dolianitis
Sylvia McFarland
Loretta Abbott
Vicki Lowther
Brenda Allen
Kathy Dodd

Sub Work Groups

Treatment Planning and Assessment

Cheryl Chittum
Virginia Behrend
Loretta Abbott
Jon Roach
Bob Lowther

Co-occurring

Tonya Link
Caroline Thompson
Desiree Phelps
Bob Lowther

Valued Roles and Employment Services

Elaine Pridgen
Bob Lowther
Susan Goard
Joan Daniels

Psychosocial Programming and Recovery Environment

Caroline Thompson
Lisa Love
Mary Johnson
Vicki Lowther

Recovery Training and Special Events

Olin Saphrey
Vicki Lowther
Caroline Thompson
Derrick Jones
Stacey Gravely
Beth Powell
William Price
Tonya Link
Desiree Phelps